



Bennett KA, Ong T, Verrall AM, et al. Project ECHO-Geriatrics: Training Future Primary Care Providers to Meet the Needs of Older Adults. *J Grad Med Educ.* 2018;10(3):311-316.



Project ECHO – Geriatrics - Evaluation Survey

Session: _____

Didactic: _____

Presenter: _____

How would you rate the following? (Please check a box)

- | | <u>Low</u> | | | | <u>High</u> |
|---|---|---------------------------------------|---------------------------------------|---|--|
| 1. Overall satisfaction with this session | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Overall satisfaction with the didactic presenter | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Satisfaction with the talk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Satisfaction with the overall technology experience | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Rate your overall satisfaction with the case discussions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Rate your <u>knowledge</u> of this subject <u>before</u> this session | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. Rate your <u>knowledge</u> of this subject <u>after</u> this session | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. How much will the information in this session change the way you practice geriatric health care? | | | | | |
| | <input type="checkbox"/> Not at all (1) | <input type="checkbox"/> A little (2) | <input type="checkbox"/> Somewhat (3) | <input type="checkbox"/> Considerably (4) | <input type="checkbox"/> Very much (5) |
| 9. As a result of this session, do you plan to do anything differently in how you practice geriatric health care? | | | | | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| 10. If <u>YES</u> , what would you plan to change? | | | | | |

11. Any suggestions for future geriatric education topics/speakers?

Please tell us about the technology during the sessions:

12. How did you join the Project ECHO Geriatrics video conferencing?

- | | |
|--|---|
| <input type="checkbox"/> Group Webcam | <input type="checkbox"/> Tablet (iPad, etc.) |
| <input type="checkbox"/> Personal laptop with a webcam | <input type="checkbox"/> Audio-only (no webcam) |
| <input type="checkbox"/> Smartphone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Desktop with a webcam | |

13. Please describe any technical difficulties you experienced during the sessions:

14. Is there anything else you'd like to share with us?

Thank you for your feedback!